

# Lessons From the Practice

## The Price of Remission

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*I went through a lot of pain. It's about not being able to be around other people because your blood count goes real low," wrote a 15-year-old boy who had been confined to an isolated room for a month following induction chemotherapy for a diagnosis of acute lymphoblastic leukemia.*

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As physicians in the midst of restructuring of the health care system, we feel overwhelmed by the pressure to reduce health care costs. In addition, we are held accountable to a greater extent for the quality of care we provide.<sup>1</sup> Although health care costs can be computed in dollars, other quantitative accounting of quality of care is difficult. One aspect of the quality of care is how much sacrifice or pain a patient endures in the process of being treated or cured. In fact, some of our patients suffer a great deal of physical and mental pain.

On a hematology and oncology ward, some of our patients who have received chemotherapy for acute leukemia are confined to isolation rooms for weeks because of neutropenia and complications. Only limited hours are allowed for visitors. Fresh fruits and vegetables are prohibited. Mobility is limited by numerous intravenous lines, tubes, and monitor wires. Many medications must be taken and frequent blood specimens drawn. The patients are virtually prisoners and undergo a tremendous amount of physical and emotional torment. Their pain, which is highly variable and individualized, is difficult to quantitate, but one way is illustrated in the following example.

The patient, a 34-year-old man, was admitted to a hospital with a diagnosis of acute promyelocytic leukemia. Following induction chemotherapy, his hospital course was complicated by disseminated intravascular coagulopathy, respiratory failure, renal failure, gastrointestinal bleeding, pancytopenia, and sepsis. Fortunately, the patient survived all the complications, achieved remission, and was discharged home on the 60th day of his hospital stay. What was the price of his remission? It extended beyond the dollar amount paid by his insurance company. The intangible price the patient had to pay was enormous. The following accounting illustrates his suffering:

- Duration of stay in an isolated room: 45 days
- Amount of medications swallowed or administered: 405 grams

- Volume of fluid infused intravenously: 138 liters
- Volume of blood products transfused: 32 liters
- Volume of blood drawn: 6 liters
- Amount of exposure to radiographic radiation: 73 cGy

We are all concerned about excessive health care expenses.<sup>2</sup> Although our patients appear to be beneficiaries of health care spending, we usually do not realize that they also have to pay dearly for the care they receive. In an effort to cure a patient of a disease, we commonly do whatever is recommended in the textbook or whatever we think is the best treatment. Are we aware of their physical and mental suffering as a result of the treatment?

Being a physician in this era of cost-containment, we must be sure that quality care is not compromised. One benefit of doing "less" may be that our patients have less to pay in the price of pain.

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### REFERENCES

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2. Fuchs VR. No pain, no gain. Perspectives on cost containment. *JAMA* 1993; 269(5):631-633

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*"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.*

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